

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

P. 0. BOX 15606 KANSAS CITY, MISSOURI - 64106

11/11/80

ACKNOWLEDGEMENT OF APPLICATION FOR A HAZARDOUS WASTE PERMIT

This is to acknowledge that the Environmental Protection Agency has received: (1) A notification pursuant to Section 3010 of the Resource Conservation and Recovery Act for the facility located at the address shown in the box below, and (2) Part A of a Hazardous Waste Permit Application for that facility, including a signed statement that the operation of the facility, or its construction, began prior to November 19, 1980. While the information provided by these submissions has not been fully reviewed for completeness or accuracy, EPA will accept this information as an initial qualification for interim status pursuant to Section 3005 of the Act. If after further review of this information, EPA determines that the owner or operator did not fulfill all the requirements for interim status, EPA may treat the owner or operator as not having qualified for interim status pursuant to that section and will advise the owner or operator of that determination. Facility owners and operators with interim status must comply with the standards set forth at 40 CFR Part 265 until a permit is issued. Interim status may be terminated if the owner or operator fails to furnish any additional information requested by EPA in order to process a permit application.

EPA I.D. NUMBER

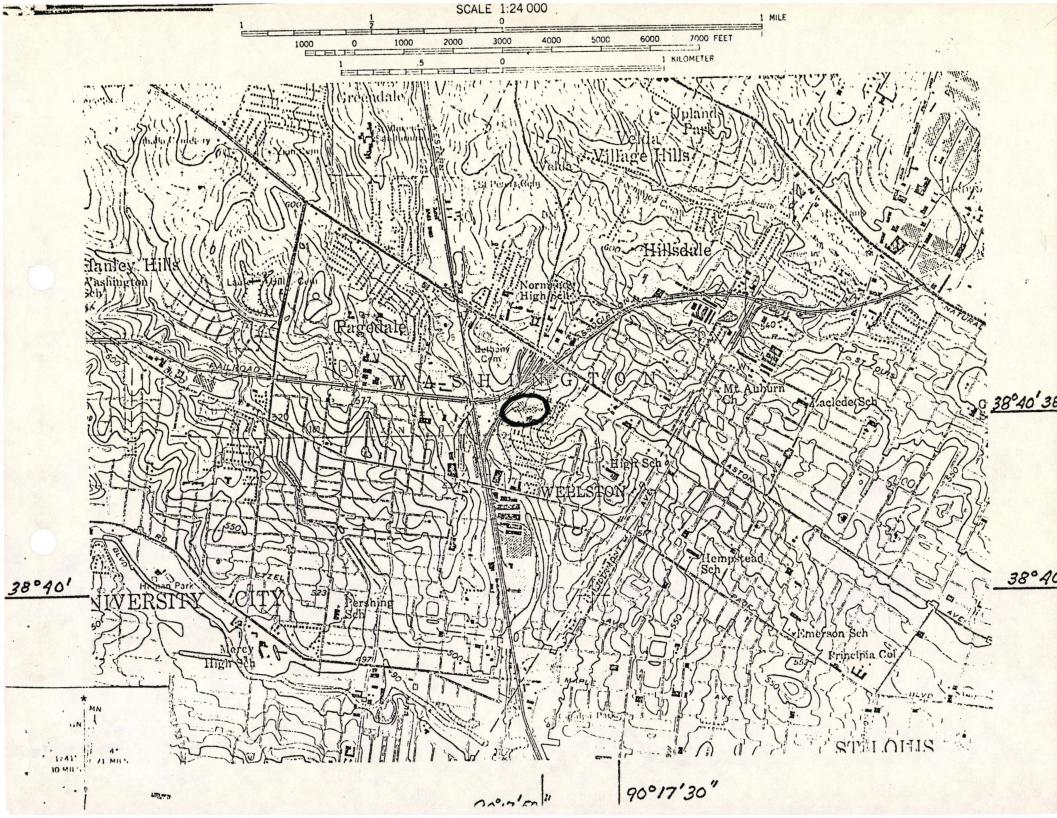
MODO31003767
ABEX CORPORATION
6600 RIDGE AVENUE
ST LOUIS

63133

FACILITY ADDRESS

440457

RCRA RECORDS



An IC Industries Company

Abex Corporation 6600 Ridge Avenue St. Louis, Missouri 63133

E.P.A. Region VII P.O. Box 15606 Kansas City, Missouri 64106

RE: RCRA Hazardous Waste Permit

Gentlemen:

Enclosed is our completed Form 1 and Form 3, RCRA Part A. We have ordered but not received our aerial photo. This will be forwarded as soon as received.

M. E. Bill

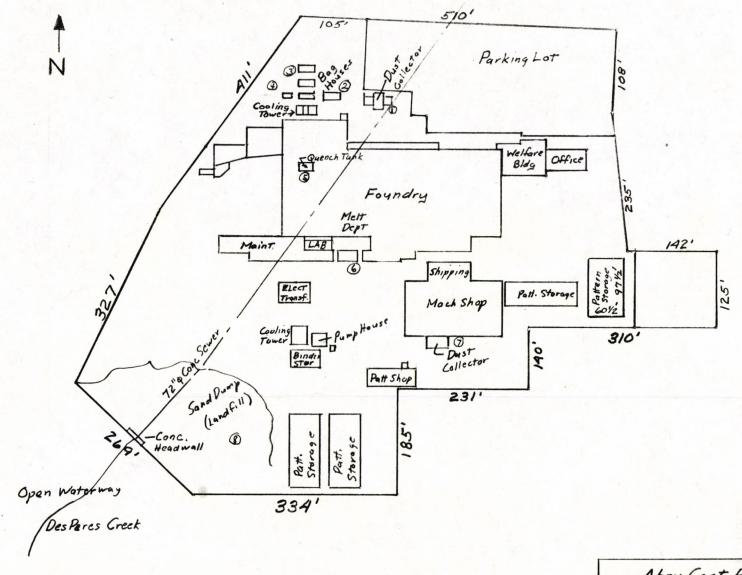
Acting Works Manager

Mary C. Bill

MEB/sto

Part A, Permit Process --- Internal Checklist

ID Number 1	MODO31003767 Firm Name Abex Corp	noitor	
D C L L	PHASE ONE	Indicate by	Valid
Refer to Form No:	Interim Regulatory Requirements	your initials: Yes No	Prmlg Qate?
1	T/S/D'Facility? (If No, return to respondent.)	_	
3	Form 1 received?		
1	Form 3 received?	<u> </u>	
1 & 3	Postmarked on or before November 19, 1980?		
3	Date of operation entered?	<u> </u>	
3	Date of operation on or before November 19, 1980?		
Notif.	Notifier?		
record	Notified on or before August 18, 1980?		
1	Form 1, XIII B signed?		
3	Form 3, IX B Signed?		
	items above are initialed in the Yes column, general ment and indicate the trigger date here:	te Interim Status 171980	
	PHASE TWO		
1	Unsure if regulated or non-regulated?		
3 , ,	New facility?		
1 & 3	Core items missing? If Yes, indicate which items:		
	Facility name; location; mail address; ope	erator info;	
	<pre>certification; process info; waste info; o</pre>	wner; sigs	
	PHASE THREE		
1 & 3	Non-core items missing? If Yes, indicate which ite	ems:	
	Maps; photos; drawings; lat/long		
	Other observations and comments:		
	π	Received Date St	amp
DATE SENT BA	ACK 5/1	NOV 17 1980	
D∆TE DETHONE	·n	/0:	



SEE OVER

Abex Cast Products Group

St. Louis

Plot Plan

Scale 1/6"=10'

(1.) Wet Collector - Sand System, Shakeout
(2.) Melting Baghouse
(3.) Burning Baghouses (3)
(4.) Grinding Baghouse
(5.) Quench Tank
(6.) Basis Baghouse

(6.) Reclaim Baghouse
(7.) Machine Shop Collector
(8.) Landfill - All Of Above Seven, 7, Items Taken To This Area For Eventual Off Site Disposal

Continued from page 2.

NOTE: Photocopy this page before completing if y Form Approved OMB No. 158-S80004 ve more than 26 wastes to list. FOR OFFICIAL USE ONLY . EPA I.D. NUMBER (enter from page 1) WMO B 0 3 1 00 7 7 3 W DUP 6 DUP 13 14 15 IV. DESCRIPTION OF HAZARDOUS WASTES (continued) C. UNIT OF MEA-SURE (enter code) A. EPA HAZARD. WASTE NO (enter code) D. PROCESSES B. ESTIMATED ANNUAL QUANTITY OF WASTE LIN NO. 1. PROCESS CODES (enter) 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) 36 27 - 29 27 - 29 27 - 29 27 - 29 FO 1 2 124 T T 0 1 S 0 3 D K 0 6 1 35 T S 0 3 D 8 0 3 000 4 20 T S 0 3 D 8 0 000 6 20 S 0 3 D 8 0 5 0007 511 T S 0 3 D 8 0 6 0008 173,457 T S 0 3 D 8 0 000 T 0 1 S 0 3 D 8 0 624 8 9 10 11 12 13 14 15 16 18 19 20 21 22 23 24 25 26 EPA Form 3510-3 (6-80) **CONTINUE ON REVERSE** PAGE 3 OF 5

Continued from the front.				
	ntinued)			**
E. USE THIS SPACE TO LIST ADDITIONAL PRO	CESS CODES FROM ITEM D(1) O	N PAGE 3.		
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			173,457	
EPA I.D. NO. (enter from page 1)				
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FM000310037676				
V. FACILITY DRAWING	A STATE OF THE STATE OF THE STATE OF	A Principle of the Control of the Co		
All existing facilities must include in the space provided on	page 5 a scale drawing of the facility (se	e instructions for mor	e detail).	
VI. PHOTOGRAPHS				
All existing facilities must include photographs (aer	rage treatment or disposal areas (se	ineate all existing s	tructures; exist	ing storage,
treatment and disposal areas; and sites of future sto	rage, treatment or disposal areas (se	e instructions for n	nore detail).	ing storage,
All existing facilities must include photographs (aer treatment and disposal areas; and sites of future sto VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds)	rage, treatment or disposal areas <i>(se</i>	e instructions for n	nore detail).	
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Please print or type in the unshaded areas only (fill—in areas are spaced for elite type, i.e., 12 characters/in	ich).			Form Approved OMB No. 1.	58-R0	175	auc 'e	
FORM UNVIRONMENTAL PROTECTION AGENCY			1. 21741.0. 1101110	I. EPA I.D. NUMBER				
VEPA	Consoli	idated	Permits P	mits Program etions" before starting.)			7 [
GENERAL (Read the	1	1	1	GENERAL INSTR			ed affi-	
I. EPA I.D. NUMBER			it in the designated space.	If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross				
III. FACILITY NAME	//	//	//	through it and enter the appropriate fill—in area bel	correc	t dat	a in the	
FACILITY	//	//	//	the preprinted data is abse	nt (th	e are	a to the	
MAILING ADDRESS PLEASE P	LACE	LĄ	BET IN	THIS SPACE that should appear), please proper fill—in area(s) belo	w. If	the	label is	
111111111111111111111111111111111111111	//		//	complete and correct, you Items I, III, V, and VI (ехсер	t VI-	B which	
VI. FACILITY	//	//	//	must be completed regard items if no label has been the instructions for deta	provi	ded.	Refer to	
FOCKLOS	//	//	//	tions and for the legal at which this data is collected.				
II. POLLUTANT CHARACTERISTICS								
INSTRUCTIONS: Complete A through J to determine	wheth	er yo	u need to	submit any permit application forms to the EPA. If you ans	wer "	yes" t	to any	
questions you must submit this form and the supplem	ental fo	orm lis	sted in the	e parenthesis following the question. Mark "X" in the box in ou need not submit any of these forms. You may answer "no	the th	ird co	olumn	
is excluded from permit requirements; see Section C of	the inst	ructio	ns. See als	o, Section D of the instructions for definitions of bold-faced	term			
SPECIFIC QUESTIONS	MARK 'X' YES NO ATTACHED SPECIFIC QUESTIONS		YES	MAR No	K 'X' FORM ATTACHE			
A. Is this facility a publicly owned treatment wor which results in a discharge to waters of the U.S.		4		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or				
(FORM 2A)	16	X 17	10	aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	19	X 20	21	
C. Is this a facility which currently results in discharg to waters of the U.S. other than those described	es	X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to		X		
A or B above? (FORM 2C)	22	23	24	waters of the U.S.? (FORM 2D) F. Do you or will you inject at this facility industrial or	25	26	27	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)			municipal effluent below the lowermost stratum co taining, within one quarter mile of the well bor			X		
G. Do you or will you inject at this facility any produc	28 ed	29	30	underground sources of drinking water? (FORM 4) H. Do you or will you inject at this facility fluids for spe-	31	32	33	
water or other fluids which are brought to the surfa in connection with conventional oil or natural gas pr	0-			cial processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combus-				
duction, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid		X		tion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X		
hydrocarbons? (FORM 4) 1. Is this facility a proposed stationary source which one of the 28 industrial categories listed in the i		35	36	J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the	37	38	39	
structions and which will potentially emit 100 to per year of any air pollutant regulated under t	ns			instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean				
Clean Air Act and may affect or be located in attainment area? (FORM 5)	an 40	X 41	42	Air Act and may affect or be located in an attainment area? (FORM 5)	43	X	45	
III. NAME OF FACILITY								
1 SKIP A B E X C O R P O R A T I	0.N.				69			
IV. FACILITY CONTACT				DUONE (weerede & no.)				
A. NAME & TITLE (last,	1 1	1	T T	B. PHONE (area code & no.)				
2 B. T. L. L. M. A. R. Y. A. C. T. I. N. G.	.w.	O.R.	K.S.	M.A.N.A.G.E.R 3.1.4 3.8.5, 6.4.7.2				
V. FACILITY MAILING ADDRESS A. STREET OR P.	O. BOX							
3 .6.6.0.0	U.F.	ı						
B. CITY OR TOWN	U.L.			C.STATE D. ZIP CODE				
4 .S.TL.O.W.T.S		Т		M O 6 3 1 3 3				
VI. FACILITY LOCATION				40 41 42 47 - 51	Head			
A. STREET, ROUTE NO. OR OTHE	R SPEC	IFIC	DENTIFI	ER				
5 .6.6.0.0 . R.T.D.G.E. A.V.E.N.	U.F.							
B. COUNTY NAME				NOV 1 7 1980				
ST. JOHTS			Ne I					
C. CITY OR TOWN				D.STATE E. ZIP CODE F. COUNTY CODE				
6 S.T. LOUIS				M 0 6.3.1.3.3				
EPA Form 3510-1 (6-80)				40 41 42 47 - 51 52 - 54	NUE	ON	REVERSI	

CONTINUED FROM THE FRONT				THE STATE OF THE PARTY	
VII. SIC CODES (4-digit, in order of priority)					
A. FIRST		<u>c</u> -	(specify)	B. SECOND	
7 3 3 2 5 Steel Foundry		7	- 19		
C. THIRD		c I	I Lamaciful	D. FOURTH	
7 (specify)		7	(specify)		
VIII. OPERATOR INFORMATION		15 16	- 19		
	A. N.	AME			B. Is the name listed in Item VIII-A also the
PARTY CARRARAT					owner?
8 ABEX CORPORAT	IUN,	-			55 66 NO
C. STATUS OF OPERATOR (Enter the ap		o the answer box; if	'Other", specify.)	ACCOUNT OF THE PARTY OF THE PAR	NE (area code & no.)
F = FEDERAL M = PUBLIC (other that S = STATE O = OTHER (specify)	n federal or state)	p (specify)		A 3 1 4	3 8 5 6 4 7 2
P = PRIVATE	OR P.O. BOX	56		15 16 - 18	19 - 21 22 - 25
	1 1 1 1 1	11111	TITI		
6.6.0.0. RIDGE . AV	ENUE		55		
F. CITY OR TO	WN	- G	STATE H. ZIP C	CONTRACTOR OF THE PROPERTY OF	cated on Indian lands?
B ST. LOUIS		the second	M, O 6, 3, 1,		NO
15 16		40	41 42 47 -	51 52	
X. EXISTING ENVIRONMENTAL PERMITS					
A. NPDES (Discharges to Surface Water)	CONTRACT STREET, STREE	r Emissions from Pro			
9 N	9 P				
B. UIC (Underground Injection of Fluids)	30 15 16 17 18	E. OTHER (specify)		
9 U	9			(specify)	or the many that
15 16 17 18	30 15 16 17 18	E. OTHER (specif)	30		
C. RCRA (Hazardous Wastes)	C T 1	T T T T T T	111111	(specify)	
9 R	30 15 16 17 18	1 1 1 1 1 1 1	30		
XI. MAP					
Attach to this application a topographic method the outline of the facility, the location of					
treatment, storage, or disposal facilities, a	nd each well who	ere it injects fluid	s underground. I	include all springs, ri	vers and other surface
water bodies in the map area. See instruction		quirements.			
XII. NATURE OF BUSINESS (provide a brief des	cription)				
					N V Z G A
Manufacture Steel Cast	ings				
1 385 6 7 2 2	CERSI	CA VIVE S		A CIIIN	MAM IJIO
				DOTE AVE	19 00 6 1 PT
	N 84 5 315 A			direct age of	
XIII. CERTIFICATION (see instructions)					
I certify under penalty of law that I have attachments and that, based on my inqu					
application, I believe that the information	is true, accurate	e and complete. I			
false information, including the possibility					
A. NAME & OFFICIAL TITLE (type or print) R. M. Forquer		B. SIGNATURE			C. DATE SIGNED
Vice President	Transition of	RMOM	July		11/12/80
COMMENTS FOR OFFICIAL USE ONLY					
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PA Form 3510-1 (6-80) REVERSE				and the second s	

